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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10703177

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL IND.	6				
TOTAL DEP.	11				
TOTAL CLAIMS	17				

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS